

# M2400005575

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000156002 3)))



H240001560023ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HARPER MEYER #2  
Account Number : I20060000101  
Phone : (305)577-3443  
Fax Number : (305)577-9921

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: [sdiaz@harpermeyer.com](mailto:sdiaz@harpermeyer.com)

RECEIVED

2024 MAY -1 PM 1:37

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## Foreign Limited Liability Company MERA MARINAS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2024 MAY -1 PM 4:26

Electronic Filing Menu

Corporate Filing Menu

Help

H24000156002 3

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NERA MARINAS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 201 S Biscayne Boulevard  
(Street Address of Principal Office)

6. 201 S Biscayne Boulevard  
(Mailing Address)

Suite 800

Suite 800

Miami, FL 33131

Miami, FL 33131

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LAW CENTER OF THE AMERICAS, LLC

Office Address: 201 S Biscayne Boulevard, Suite 800

Miami, Florida 33131  
(City) (Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

2024 MAY - 1 PM 4:26

H24000156002 3

H24000156002 3

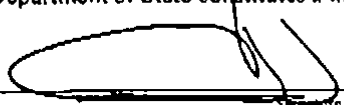
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Rafael Felipe de Jesus Aguirre G.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Rafael Aguirre De La Torre</u>
<input type="checkbox"/> Member	Address: <u>c/o 201 S Biscayne Blvd.</u>	<input type="checkbox"/> Member	Address: <u>c/o 201 S Biscayne Blvd.</u>
<input type="checkbox"/> Authorized	<u>Suite 800, Miami, FL 33131</u>	<input type="checkbox"/> Authorized	<u>Suite 800, Miami, FL 33131</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Juan Pablo Aguirre De La Torre</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Axel Molot Warschawski</u>
<input type="checkbox"/> Member	Address: <u>c/o 201 S Biscayne Blvd.</u>	<input type="checkbox"/> Member	Address: <u>c/o 201 S Biscayne Blvd.</u>
<input type="checkbox"/> Authorized	<u>Suite 800, Miami, FL 33131</u>	<input type="checkbox"/> Authorized	<u>Suite 800, Miami, FL 33131</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Gabriel Marquez De La Torre</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Gustavo Marquez Lartigue</u>
<input type="checkbox"/> Member	Address: <u>c/o 201 S Biscayne Blvd.</u>	<input type="checkbox"/> Member	Address: <u>c/o 201 S Biscayne Blvd.</u>
<input type="checkbox"/> Authorized	<u>Suite 800, Miami, FL 33131</u>	<input type="checkbox"/> Authorized	<u>Suite 800, Miami, FL 33131</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

Axel Molot Warschawski

Typed or printed name of signer

H24000156002 3

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERA MARINAS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERA MARINAS, LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



3261271 8300

SR# 20241778585

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203372175

Date: 05-01-24